

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/12/2011** and conducted by Evaluator Christine Focosi-Mckelvey

PUBLIC**COMPLAINT CONTROL NUMBER: 08-SC-20110112104035**

FACILITY NAME: EMERITUS AT OCEANSIDE
ADMINISTRATOR: LAURIE TOMASELLO
ADDRESS: 3524 LAKE BLVD.
CITY: OCEANSIDE
CAPACITY: 186

STATE:
CENSUS: 90
UNANNOUNCED

FACILITY NUMBER: 374601952
FACILITY TYPE: 740
TELEPHONE: (760) 945-1811
ZIP CODE: 92056
DATE: 08/16/2011
TIME VISIT BEGAN: 03:00 PM
TIME COMPLETED: 05:30 PM

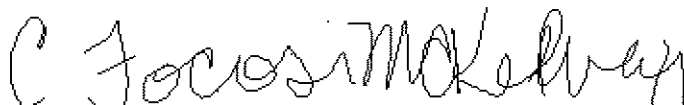
MET WITH: Karen Enciso

ALLEGATION(S):

- 1 Resident 1 admitted to the hospital with multiple severe decubitus ulcers.
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INVESTIGATION FINDINGS:

- 1 LPA Christine Focosi-Mckelvey conducted an unannounced complaint investigation on 1/21/11. LPA was not
- 2 able to issue final complaint report until medical records were received from Scripps Green Hospital, the
- 3 hospital resident 1 was taken for treatment of multiple stage 4 dermal ulcers and a gangrenous foot.
- 4 Resident was admitted to this facility on hospice with a wound on the left foot. The wound on the left foot was
- 5 staged as a stage 4 decubitus ulcer by the treating doctor. Facility staff did know of the staging of this wound
- 6 upon move in. Hospice was providing treatment to resident 1 for this wound.
- 7
- 8 Facility nurse notes of hospice nurse measurement of resident 1's heel wound was 5 cm x 5 cm on 10/20/10..
- 9 On 12/8/10 hospice nurse measured wound on left lateral foot, 2.5 cm x 2 cm.
- 10 Hospice nurse notes stage right hip wound is a stage 2 on 12/26/10.
- 11 Facility nurses' notes show on 12/26/10 that resident 1 had a stage 2 dermal ulcer on the right hip.
- 12
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Edna Musoke**TELEPHONE:** (619) 767-2300**LICENSING EVALUATOR NAME:** Christine Focosi-Mckelvey**TELEPHONE:** (619) 318-5974**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/16/2011

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/16/2011

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT OCEANSIDE

FACILITY NUMBER: 374601952

VISIT DATE: 08/16/2011

NARRATIVE

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Hospice and facility nurse notes do document in December resident was not eating, was being provided mechanically soft, pureed foods and ensure liquid.

Allegation is substantiated.

Citations are issued per California Code of Regulations, Title 22, div 6, chapter 8:

Exit interview done and appeal rights discussed.

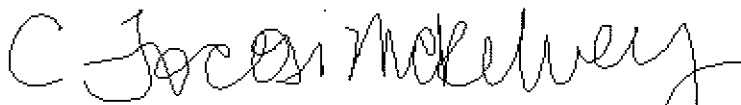
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT OCEANSIDE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 374601952
VISIT DATE: 08/16/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/16/2011 Section Cited 87615a	1 Prohibited health condition- persons who have 2 Stage 3 and 4 pressure sores (dermal ulcers) 3 cannot be admitted or retained in a Residential 4 Care Facility for the Elderly. Resident 1 was found 5 to have a stage 4 Dermal Ulcer on right hip, on the 6 left foot a stage 4 decubitus ulcer that was also 7 gangrenous, and on the right foot a 8 stage 4 decubitus ulcer. The hospital physician's 9 also found client was suffering from severe 10 malnutrition and had positive lab results for 11 C.Difficile toxin. Resident 1 was treated at the 12 hospital and then moved to a relative's home to 13 obtain hospice services. 14	1 This facility will not accept or retain any resident 2 with a prohibited health condition. Staff shall be 3 trained on prohibited health condition and advised 4 of the facility policy and procedures of who to notify 5 if a prohibited health condition is found. 6 7
Type A 08/16/2011 Section Cited 87615a	1 Prohibited health condition-This facilities staff did 2 not report to licensing that they had a resident with 3 stage 3 or 4 ulcers and did not request an 4 exception to admit or retain a resident with stage 3 5 or 4 ulcer. 6 7	1 We will not accept or retain any resident with 2 prohibited health conditions. Will train all staff 3 about regulations about prohibited health 4 conditions. 5 6 7
Type A 08/16/2011 Section Cited 87761c1	1 Penalties- An immediate penalty of \$150 per day 2 shall be assessed for any of the following: (1) 3 Sickness, injury or death of a client has occurred 4 as a result of the deficiency. Resident 1 became 5 severely ill, obtained additional stage 4 decubitus 6 ulcers and suffered from gangrene in left foot 7 wound while a resident at this facility .	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

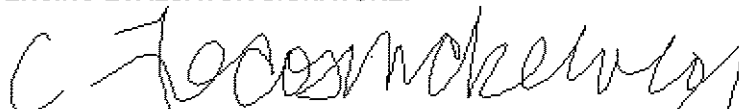
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